

# THERAPEUTIC YOUTH GROUP HOMES

**Parent Company:** ALTERNATIVE YOUTH ADVENTURES (YOUTH DYNAMICS INC) **Phone:** (406) 245-3239  
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

**Facility Name:** CHOICES HOME GIRLS **Facility Phone Number:** (406) 225-4600  
**First Name:** ANTHONY **Last Name:** ZUFELT **Title:** LEAD PROGRAM MANAGER  
**Contact:** ANTHONY **Last Name:** ZUFELT **Title:** CONTACT  
**Address:** 150 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 12-18 **Gender** FEMALES  
**Facility License** 8382-008 **Expires:** 07/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** ALTERNATIVE YOUTH ADVENTURES (YOUTH DYNAMICS INC) **Phone:** (406) 245-3239  
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**

**Facility Name:** NEW JOURNEY HOME BOYS **Facility Phone Number:** (406) 225-4600  
**First Name:** ANTHONY **Last Name:** ZUFELT **Title:** LEAD PROGRAM MANAGER  
**Contact:** ANTHONY **Last Name:** ZUFELT **Title:** LEAD PROGRAM MANAGER  
**Address:** 105 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 12-18 **Gender** MALE  
**Facility License** 8382-007 **Expires:** 07/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145

**Facility Name:** ALPINE GROUP HOME FOR BOYS **Facility Phone Number:** (406) 727-5633  
**First Name:** **Last Name:** **Title:**  
**Contact:** CARLY **Last Name:** SWINGLEY **Title:** MANAGER  
**Address:** 1117 ADOBE DRIVE GREAT MT 59405-3554 **Region:** CASCADE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 5 **Age Group:** 10-18 **Gender** MALES  
**Facility License** 7276-006 **Expires:** 06/30/2008 **Licensing** JAN SCHINDELE

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** BLACKTAIL LOOP YOUTH GROUP HOME **Facility Phone Number:** (406) 494-1772  
**First Name:** TERRIE **Last Name:** WALDORF **Title:** COMMUNITY DIRECTOR  
**Contact:** TERRIE **Last Name:** WALDORF **Title:** COMMUNITY DIRECTOR  
**Address:** 4000 BLACKTAIL LOOP BUTTE MT 59701-7141 **Region:** SILVER BOW  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 10 - 18 **Gender** MALES  
**Facility License** 7276-009 **Expires:** 12/31/2007 **Licensing** BRIDGET PARKER

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** CHURCH HOUSE GROUP HOME **Facility Phone Number:** (406) 586-4308  
**First Name:** JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR  
**Contact:** JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR  
**Address:** 1707 S. CHURCH AVENUE BOZEMAN MT 59715-5811 **Region:** GALLATIN  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 10 - 18 **Gender** MALES  
**Facility License** 576-018 **Expires:** 04/30/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** CLARK FORK HOME **Facility Phone Number:** (406) 693-7620  
**First Name:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Contact:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Address:** 1354 LIGHTHOUSE LANE DEER MT 59722-9600 **Region:** POWELL  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 3 **Age Group:** 10-18 **Gender** MALES  
**Facility License** 7276-043 **Expires:** 03/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** ERNEST STREET GROUP HOME **Facility Phone Number:** (406) 542-2178  
**First Name:** BRETT **Last Name:** GILLES **Title:** DIRECTOR  
**Contact:** JENNIFER **Last Name:** WOHLBERG **Title:** CONTACT  
**Address:** 1709 ERNEST STREET MISSOULA MT 59801-8309 **Region:** MISSOULA  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 4 **Age Group:** 10-18 **Gender** FEMALE  
**Facility License** 7276-021 **Expires:** 03/31/2008 **Licensing** JULIE FINK

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August 29, 2007

**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E.PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** FRANKLIN GROUP HOME **Facility Phone Number:** (406) 728-6815  
**First Name:** PAUL **Last Name:** COURTEAU **Title:** DIRECTOR  
**Contact:** SANDY **Last Name:** CUMMINS **Title:** MANAGER  
**Address:** 110 W FRANKLIN STREET MISSOULA MT 59801-3812 **Region:** MISSOULA  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 4 **Age Group:** 10-18 **Gender** FEMALES  
**Facility License** 7276-001 **Expires:** 03/31/2008 **Licensing** JULIE FINK

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** GILBERT AVENUE **Facility Phone Number:** (406) 251-8131  
**First Name:** PAUL **Last Name:** COURTEAU **Title:** REGIONAL DIRECTOR  
**Contact:** REID **Last Name:** MANNIELLO **Title:** MANAGER  
**Address:** 2811 GILBERT AVENUE MISSOULA MT 59801-3201 **Region:** MISSOULA  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 10 - 18 **Gender** MALES  
**Facility License** 7276-002 **Expires:** 03/31/2008 **Licensing** JULIE FINK

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** GOLD CREEK GROUP HOME **Facility Phone Number:** (406) 693-7620  
**First Name:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Contact:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Address:** 1400 COTTAGE CIRCLE DEER MT 59722-9600 **Region:** POWELL  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 5 **Age Group:** 10-18 **Gender** MALES  
**Facility License** 7276-032 **Expires:** 03/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** LOST CREEK YOUTH GROUP HOME **Facility Phone Number:** (406) 693-7620  
**First Name:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Contact:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Address:** 1346 COTTAGE CIRCLE DEER MT 59722-9600 **Region:** POWELL  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 4 **Age Group:** 10-18 **Gender** MALES  
**Facility License** 7576-023 **Expires:** 03/31/2008 **Licensing** BRIDGET PARKER

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August 29, 2007

**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** MISSION TRAIL HOME **Facility Phone Number:** (406) 756-1073  
**First Name:** CONNIE **Last Name:** VANFRACHEN **Title:** DIRECTOR  
**Contact:** ANDREA **Last Name:** KNOX **Title:** PROGRAM MANAGER  
**Address:** 2167 MISSION TRAIL RD KALISPELL MT 59901-2242 **Region:** FLATHEAD  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 8-18 **Gender** MALES  
**Facility License** 7276-025 **Expires:** 04/30/2008 **Licensing** JAN SCHINDELE

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** MOUNT HAGGIN **Facility Phone Number:** (406) 693-7620  
**First Name:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Contact:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Address:** 1400 COTTAGE CIRCLE DEER MT 59722- **Region:** POWELL  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 3 **Age Group:** 10-18 **Gender** FEMALES  
**Facility License** 7276-030 **Expires:** 03/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** MOUNT POWELL **Facility Phone Number:** (406) 693-7620  
**First Name:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Contact:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Address:** 1362 GALEN STREET DEER MT 59722-9603 **Region:** POWELL  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 10-18 **Gender** MALES  
**Facility License** 7276-036 **Expires:** 03/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 EAST PARK ST ANACONDA MT 59711 **800 #:**  
**Facility Name:** OTTOWA **Facility Phone Number:** (406) 494-1772  
**First Name:** JACKIE **Last Name:** MOHLER **Title:** MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 3025 OTTAWA BUTTE MT 59701- **Region:** SILVER BOW  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 10 - 18 **Gender** MALE  
**Facility License** 7276-009 **Expires:** 12/31/2007 **Licensing** BRIDGET PARKER

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August 29, 2007

**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** PINSKI HOUSE GIRLS **Facility Phone Number:** (406) 268-1985  
**First Name:** **Last Name:** **Title:**  
**Contact:** CARLY **Last Name:** SWINGLEY **Title:** MANAGER  
**Address:** 2026 9TH AVENUE SOUTH GREAT MT 59405-2737 **Region:** CASCADE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 8 - 18 **Gender** FEMALES  
**Facility License** 7276-005 **Expires:** 06/30/2008 **Licensing** JAN SCHINDELE

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** PINTLAR HOME **Facility Phone Number:** (406) 693-7620  
**First Name:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Contact:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Address:** 1318 GALEN STREET DEER MT 59722-9607 **Region:** POWELL  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 4 **Age Group:** 10-18 **Gender** MALES  
**Facility License** 7276-022 **Expires:** 03/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** PORPHYRY YOUTH GROUP HOME **Facility Phone Number:** (406) 434-1772  
**First Name:** LARRY **Last Name:** NOONAN **Title:** DIRECTOR  
**Contact:** TERRI **Last Name:** WALDORF **Title:** FACILITY DIRECTOR  
**Address:** 1243 W PORPHYRY AVE BUTTE MT 59701-2129 **Region:** SILVER BOW  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 10 - 18 **Gender** FEMALES  
**Facility License** 7276-004 **Expires:** 12/31/2007 **Licensing** BRIDGET PARKER

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** RENZ **Facility Phone Number:**  
**First Name:** TERRY **Last Name:** WALDORF **Title:** PROGRAM DIRECTOR  
**Contact:** **Last Name:** **Title:**  
**Address:** 108 RENZ DRIVE BUTTE MT 59701- **Region:** SILVER BOW  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 10 - 18 **Gender** FEMALES  
**Facility License** 7276-004 **Expires:** 12/31/2007 **Licensing** BRIDGET PARKER

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August 29, 2007

**Parent Company:** AWARE **Phone:** (406) 432-6145  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E PARK ST ANACONDA MT 59711 **800 #:**  
**Facility Name:** SUDAN GROUP HOME **Facility Phone Number:** (406) 245-4454  
**First Name:** ROSS **Last Name:** DAVIDSON **Title:**  
**Contact:** NATHAN **Last Name:** CHURCH **Title:**  
**Address:** 526 SUDAN BILLINGS MT 59105- **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 4 **Age Group:** 9 - 18 **Gender** MALE  
**Facility License** 007276-047 **Expires:** 06/30/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** SUSSEX HOME **Facility Phone Number:** (406) 756-1072  
**First Name:** CONNIE **Last Name:** VANFRACHEN **Title:** DIRECTOR  
**Contact:** HOLLY **Last Name:** HOFFENBACHER **Title:** PROGRAM MANAGER  
**Address:** 74 SUSSEX DRIVE KALISPELL MT 59901-2731 **Region:** FLATHEAD  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 8-18 **Gender** MALES  
**Facility License** 7576-024 **Expires:** 04/30/2008 **Licensing** JAN SCHNIDELE

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** WASHOE HOUSE **Facility Phone Number:** (406) 693-7620  
**First Name:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Contact:** TERRY **Last Name:** GALLE **Title:** COMMUNITY DIRECTOR  
**Address:** 1321 GALEN STREET DEER MT 59722-9607 **Region:** POWELL  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 4 **Age Group:** 10-18 **Gender** FEMALES  
**Facility License** 7576-026 **Expires:** 03/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** DIRECTOR  
**Parent Address:** 205 E. PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** WEST VILLARD **Facility Phone Number:** (406) 582-8441  
**First Name:** JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR  
**Contact:** JOANN **Last Name:** MOON **Title:** PROGRAM DIRECTOR  
**Address:** 916 WEST VILLARD BOZEMAN MT 59715-5761 **Region:** GALLATIN  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 8 - 18 **Gender** MALES  
**Facility License** 7276-017 **Expires:** 04/30/2008 **Licensing** LARRY SHENEMAN

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August 29, 2007

**Parent Company:** AWARE **Phone:** (406) 563-8117  
**Director Name:** LARRY NOONAN **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 205 E PARK STREET ANACONDA MT 59711 **800 #:** (800) 432-6145  
**Facility Name:** WHITEWAY **Facility Phone Number:**  
**First Name:** TERRI **Last Name:** WALDORF **Title:** PROGRAM DIRECTOR  
**Contact:** **Last Name:** **Title:**  
**Address:** 3509 WHITEWAY DRIVE BUTTE MT 59701- **Region:** SILVER BOW  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 10 -18 **Gender** MALES  
**Facility License** 7276-007 **Expires:** 12/31/2007 **Licensing** BRIDGET PARKER

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**Parent Company:** EXCEL INCORPORATED **Phone:** (406) 254-2397  
**Director Name:** CALVIN MANN **Title:** DIRECTOR OF  
**Parent Address:** 1348 MAIN SUITE 201 BILLINGS MT 59105 **800 #:**  
**Facility Name:** EAST GROUP HOME **Facility Phone Number:** (406) 254-9877  
**First Name:** GWEN **Last Name:** SOLUM **Title:** PROGRAM MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 1348 1/2 MAIN STREET BILLINGS MT 59105-1722 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 12-18 **Gender** MALES  
**Facility License** 20218-002 **Expires:** 03/31/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** EXCEL INCORPORATED **Phone:** (406) 254-2397  
**Director Name:** CALVIN MANN **Title:** DIRECTOR OF  
**Parent Address:** 1348 MAIN SUITE 201 BILLINGS MT 59105 **800 #:**  
**Facility Name:** WEST GROUP HOME **Facility Phone Number:** (406) 254-2397  
**First Name:** GWEN **Last Name:** SOLUM **Title:** PROGRAM MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 1816 10TH ST WEST BILLINGS MT 59102-3314 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 11-18 **Gender** MALES  
**Facility License** 20218-001 **Expires:** 03/31/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** FLORENCE CRITTENTON HOME **Phone:** (406) 442-6950  
**Director Name:** PAM PONICH **Title:** CO INTERIM DIRECTOR  
**Parent Address:** 901 N. HARRIS STREET HELENA MT 59601-3000 **800 #:**  
**Facility Name:** FLORENCE CRITTENTON HOME **Facility Phone Number:** (406) 442-6950  
**First Name:** PAM **Last Name:** PONICH **Title:** CO INTERIM DIRECTOR  
**Contact:** BARB **Last Name:** BURTON **Title:** CO INTERIM DIRECTOR  
**Address:** 901 NORTH HARRIS STREET HELENA MT 59601-3000 **Region:** LEWIS & CLARK  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 12-18 **Gender** FEMALES  
**Facility License** 1236-001 **Expires:** 03/31/2008 **Licensing** BRIDGET PARKER

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August 29, 2007

**Parent Company:** INTERMOUNTAIN CHILDREN'S HOME & SERVICES **Phone:** (406) 442-7949  
**Director Name:** SPRING FITZGERALD **Title:** COMPLIANCE  
**Parent Address:** 500 S LAMBORN HELENA MT 59601-5417 **800 #:**  
**Facility Name:** BETA COTTAGE **Facility Phone Number:**  
**First Name:** TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR  
**Contact:** **Last Name:** **Title:**  
**Address:** 500 S LAMBORN HELENA MT 59601-5417 **Region:** LEWIS & CLARK  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 4-14 **Gender** MALE & FEMALE  
**Facility License** 7148-005 **Expires:** 01/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** INTERMOUNTAIN CHILDREN'S HOME & SERVICES **Phone:** (406) 442-7949  
**Director Name:** SPRING FITZGERALD **Title:** COMPLIANCE  
**Parent Address:** 500 S LAMBORN HELENA MT 59601-5417 **800 #:**  
**Facility Name:** BRIDGER COTTAGE **Facility Phone Number:**  
**First Name:** TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR  
**Contact:** **Last Name:** **Title:**  
**Address:** 500 LAMBORN STREET HELENA MT 59601-5417 **Region:** LEWIS & CLARK  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 4-14 **Gender** MALE & FEMALE  
**Facility License** 7148-002 **Expires:** 01/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** INTERMOUNTAIN CHILDREN'S HOME & SERVICES **Phone:** (406) 442-7949  
**Director Name:** SPRING FITZGERALD **Title:** COMPLIANCE  
**Parent Address:** 500 S LAMBORN HELENA MT 59601-5417 **800 #:**  
**Facility Name:** GLACIER COTTAGE **Facility Phone Number:**  
**First Name:** TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR  
**Contact:** **Last Name:** **Title:**  
**Address:** 500 S LAMBORN HELENA MT 59601-5417 **Region:** LEWIS & CLARK  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 4-14 **Gender** MALE & FEMALE  
**Facility License** 7148-004 **Expires:** 01/31/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** INTERMOUNTAIN CHILDREN'S HOME & SERVICES **Phone:** (406) 442-7949  
**Director Name:** SPRING FITZGERALD **Title:** COMPLIANCE  
**Parent Address:** 500 S LAMBORN HELENA MT 59601-5417 **800 #:**  
**Facility Name:** MCTAGGART COTTAGE **Facility Phone Number:**  
**First Name:** TINA **Last Name:** JOHNSON **Title:** ADMISSIONS DIRECTOR  
**Contact:** **Last Name:** **Title:**  
**Address:** 500 S LAMBORN HELENA MT 59601-5417 **Region:** LEWIS & CLARK  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 4-14 **Gender** MALE & FEMALE  
**Facility License** 7148-003 **Expires:** 01/31/2008 **Licensing** BRIDGET PARKER

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August 29, 2007



**Parent Company:** KAIROS YOUTH SERVICES INCORPORATED **Phone:** (406) 727-0076  
**Director Name:** JAMES CORRIGAN **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** PO BOX 3066 GREAT FALLS MT 59403-3066 **800 #:**  
**Facility Name:** PORTAGE PLACE YOUTH HOME **Facility Phone Number:** (406) 771-7774  
**First Name:** MICHAEL **Last Name:** KEY **Title:** PROGRAM MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 4513 7TH AVE N GREAT MT 59404-3620 **Region:** CASCADE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 10-18 **Gender** MALE & FEMALE  
**Facility License** 6142-003 **Expires:** 09/30/2007 **Licensing** JAN SCHINDELE

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**Parent Company:** MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976  
**Director Name:** JUDITH HERZOG **Title:** DIRECTOR  
**Parent Address:** 2048 OVERLAND AVE BILLINGS MT 59102 **800 #:**  
**Facility Name:** CUSTER YOUTH **Facility Phone Number:** (406) 259-2570  
**First Name:** JIM **Last Name:** MILFORD **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 732 CUSTER AVE BILLINGS MT 59101- **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 6-16 **Gender** MALE  
**Facility License** 12617-007 **Expires:** 08/31/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976  
**Director Name:** JUDITH HERZOG **Title:** DIRECTOR  
**Parent Address:** 2048 OVERLAND AVE BILLINGS MT 59102-6214 **800 #:**  
**Facility Name:** MILES AVENUE **Facility Phone Number:** (406) 656-5976  
**First Name:** JESSICA **Last Name:** RICHTER **Title:** MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 1433 MILES AVE BILLINGS MT 59102-5257 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 4-18 **Gender** MALES  
**Facility License** 12617-005 **Expires:** 01/31/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** MONTANA COMMUNITY SERVICES **Phone:** (406) 656-5976  
**Director Name:** JUDITH HERZOG **Title:** DIRECTOR  
**Parent Address:** 2048 OVERLAND AVE BILLINGS MT 59102-6214 **800 #:**  
**Facility Name:** PARKHILL **Facility Phone Number:** (406) 252-3555  
**First Name:** JAN **Last Name:** SHIPP **Title:** MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 1917 18TH ST WEST BILLINGS MT 59102-2914 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 5 **Age Group:** 5-14 **Gender** MALES  
**Facility License** 12617-006 **Expires:** 08/31/2008 **Licensing** LARRY SHENEMAN

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August 29, 2007

**Parent Company:** NEW DAY **Phone:** (406) 254-2340  
**Director Name:** VERNON MUMMY **Title:** DIRECTOR  
**Parent Address:** PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**  
**Facility Name:** UNIT 1 **Facility Phone Number:** (406) 254-1020  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 301 COBURN RD BILLINGS MT 59101-6428 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 10 **Age Group:** 10-17 **Gender** MALES  
**Facility License** 8195-001 **Expires:** 10/31/2007 **Licensing** LARRY SHENEMAN

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**Parent Company:** NEW DAY **Phone:** (406) 254-2340  
**Director Name:** VERNON MUMMY **Title:** DIRECTOR  
**Parent Address:** PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**  
**Facility Name:** UNIT 2 **Facility Phone Number:** (406) 254-1020  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 301 COBURN RD BILLINGS MT 59101-6428 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 10-17 **Gender** MALES  
**Facility License** 8195-002 **Expires:** 10/31/2007 **Licensing** LARRY SHENEMAN

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**Parent Company:** NEW DAY **Phone:** (406) 254-2340  
**Director Name:** VERNON MUMMY **Title:** DIRECTOR  
**Parent Address:** PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**  
**Facility Name:** UNIT 3 **Facility Phone Number:** (406) 656-2985  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 5351 KING AVE W BILLINGS MT 59106-2821 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 10-17 **Gender** FEMALES  
**Facility License** 8195-003 **Expires:** 10/31/2007 **Licensing** LARRY SHENEMAN

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**Parent Company:** NEW DAY **Phone:** (406) 656-2985  
**Director Name:** VERNON MUMMY **Title:** DIRECTOR  
**Parent Address:** PO BOX 30282 BILLINGS MT 59107-0282 **800 #:**  
**Facility Name:** UNIT 4 **Facility Phone Number:** (406) 656-2985  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 5351 KIN AVE W BILLINGS MT 59106-2821 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 10-17 **Gender** FEMALES  
**Facility License** 8195-004 **Expires:** 10/31/2007 **Licensing** LARRY SHENEMAN

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August 29, 2007

**Parent Company:** NEW DAY **Phone:** (406) 254-2340  
**Director Name:** VERNON MUMMEY **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** PO BOX 30282 BILLINGS MT 59107 **800 #:**  
**Facility Name:** UNIT 7 **Facility Phone Number:**  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 1111 COBURN ROAD BILLINGS MT 59101- **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 10-17 **Gender** MALE  
**Facility License** 8195-007 **Expires:** 10/31/2007 **Licensing** LARRY SHENEMAN

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**Parent Company:** NEW DIRECTIONS **Phone:** (406) 563-5715  
**Director Name:** CRAIG LITTLEFIELD **Title:** DIRECTOR  
**Parent Address:** 502 CHERRY ST ANACONDA MT 59177 **800 #:**  
**Facility Name:** JOURNEY GROUP HOME **Facility Phone Number:** (406) 563-0137  
**First Name:** CINDY **Last Name:** JOHNSON **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 606 ALDER STREET ANACONDA MT 59177- **Region:** DEER LODGE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 6 - 12 **Gender** MALE/FEMALE  
**Facility License** 34373-002 **Expires:** 04/30/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** NEW DIRECTIONS **Phone:** (406) 563-6733  
**Director Name:** CRAIG LITTLEFIELD **Title:** DIRECTOR  
**Parent Address:** 502 CHERRY ST ANACONDA MT 59711 **800 #:**  
**Facility Name:** NEW DIRECTIONS **Facility Phone Number:**  
**First Name:** JOHNSON **Last Name:** CINDY **Title:** MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 502 CHERRY ST ANACONDA MT 59711- **Region:** DEER LODGE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 6-12 **Gender** MALE & FEMALE  
**Facility License** 34373-001 **Expires:** 04/30/2008 **Licensing** BRIDGET PARKER

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**Parent Company:** PARTNERSHIP FOR CHILDREN **Phone:** (406) 721-2704  
**Director Name:** GEOFF BIRNBAUM **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** PO BOX 8134 MISSOULA MT 59807 **800 #:**  
**Facility Name:** ROSEMARY GALLAGHER CHILDREN'S HOME **Facility Phone Number:** (406) 829-3499  
**First Name:** LOREE **Last Name:** WEST **Title:** PROGRAM MANAGER  
**Contact:** LOREE **Last Name:** WEST **Title:** PROGRAM MANAGER  
**Address:** 2823 SOUTH THIRD WEST MISSOULA MT 59804- **Region:** MISSOULA  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 4-14 **Gender** MALE & FEMALE  
**Facility License** 22696-002 **Expires:** 01/31/2008 **Licensing** JULIE FINK

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August 29, 2007

**Parent Company:** PARTNERSHIP FOR CHILDREN **Phone:** (406) 721-2704  
**Director Name:** GEOFF BIRNBAUM **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** PO BOX 8134 MISSOULA MT 59804 **800 #:**  
**Facility Name:** SHERRY MAHONE FRANCETICH CHILDRENS **Facility Phone Number:** (406) 829-6651  
**First Name:** LOREE **Last Name:** WEST **Title:** MANAGER  
**Contact:** LOREE **Last Name:** WEST **Title:** CONTACT  
**Address:** 3233 SOUTH 3RD WEST MISSOULA MT 59804- **Region:** MISSOULA  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 4-14 **Gender** MALE & FEMALE  
**Facility License** 22696-003 **Expires:** 01/31/2008 **Licensing** JULIE FINK

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**Parent Company:** WESTERN MONTANA MENTAL HEALTH **Phone:** (406) 728-6870  
**Director Name:** PAUL MEYER **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 420 WINDWARD WAY KALISPELL MT 59901 **800 #:**  
**Facility Name:** SINOPAH HOUSE **Facility Phone Number:** (406) 257-5194  
**First Name:** PAULA **Last Name:** BUCKLEY **Title:** FACILITY DIRECTOR  
**Contact:** SHEILA **Last Name:** SMITH **Title:** FACILITY DIRECTOR  
**Address:** BUILDING T-9 FORT MISSOULA MT 59804- **Region:** FLATHEAD  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 9 **Age Group:** 11-18 **Gender** FEMALE  
**Facility License** 10297-002 **Expires:** 10/31/2007 **Licensing** JAN SCHINDELE

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**Parent Company:** YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128  
**Director Name:** MAX SOFT **Title:** DIRECTOR  
**Parent Address:** 1732 S 72ND STREET BILLINGS MT 59106 **800 #:** (406) 651-3128  
**Facility Name:** DENNIS WEAR GROUP HOME **Facility Phone Number:** (406) 652-5475  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 314 36TH STREET WEST BILLINGS MT 59102-4318 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 10-18 **Gender** FEMALE  
**Facility License** 8216-001 **Expires:** 05/31/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128  
**Director Name:** GLEN MCFARLAND **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 1732 S 72ND STREET BILLINGS MT 59106 **800 #:**  
**Facility Name:** KING COMMUNITY GROUP HOME **Facility Phone Number:** (406) 652-7140  
**First Name:** MAX **Last Name:** SOFT **Title:** DIRECTOR  
**Contact:** PEGGY **Last Name:** SWALLEY **Title:** UNIT LEADER  
**Address:** 2115 CANYON BILLINGS MT 59102-2102 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 12-18 **Gender** MALES  
**Facility License** 8216-002 **Expires:** 05/31/2008 **Licensing** LARRY SHENEMAN

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August 29, 2007

**Parent Company:** YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128  
**Director Name:** DIANE BERGSTEIN **Title:** DIRECTOR  
**Parent Address:** 1732 S 72ND STREET BILLINGS MT 59106 **800 #:** (800) 726-6755

**Facility Name:** LEWISTOWN GROUP HOME **Facility Phone Number:** (406) 538-9808  
**First Name:** **Last Name:** **Title:**  
**Contact:** JEANETTE **Last Name:** RECTOR **Title:** FACILITY DIRECTOR  
**Address:** 481 LOWER AIRPORT RD LEWISTOWN MT 59457- **Region:** FERGUS  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 7 **Age Group:** 7-18 **Gender** MALE  
**Facility License** 8216-005 **Expires:** 10/31/2007 **Licensing** LARRY SHENEMAN

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**Parent Company:** YELLOWSTONE BOYS & GIRLS RANCH **Phone:** (406) 651-3128  
**Director Name:** SALLY VENARD **Title:** DIRECTOR  
**Parent Address:** 1732 S 72ND STREET BILLINGS MT 59106 **800 #:**  
**Facility Name:** TRANSITION GROUP HOME **Facility Phone Number:** (406) 655-2790  
**First Name:** SALLY **Last Name:** VENARD **Title:** Director of Community Homes  
**Contact:** JAMIE **Last Name:** CHRISTIANSEN **Title:** MANAGER  
**Address:** 1732 S 72ND STREET W BILLINGS MT 59101-3538 **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 12-18 **Gender** MALES  
**Facility License** 8216-004 **Expires:** 08/31/2007 **Licensing** LARRY SHENEMAN

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**Parent Company:** YOUTH DYNAMICS INC **Phone:** (406) 245-3239  
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**  
**Facility Name:** BIG SKY YOUTH HOME **Facility Phone Number:** (406) 586-2566  
**First Name:** JUDY **Last Name:** KEARNS **Title:** PROGRAM MANAGER  
**Contact:** JUDY **Last Name:** KEARNS **Title:** PROGRAM MANAGER  
**Address:** 3025 WESTRIDGE DRIVE BOZEMAN MT 59715-6166 **Region:** GALLATIN  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 11-18 **Gender** MALE & FEMALE  
**Facility License** 8382-004 **Expires:** 12/31/2007 **Licensing** LARRY SHENEMAN

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**Parent Company:** YOUTH DYNAMICS INC **Phone:** (406) 245-3239  
**Director Name:** PETER DEGEL **Title:** DIRECTOR  
**Parent Address:** 2334 LEWIS BILLINGS MT 59102 **800 #:**  
**Facility Name:** JOURNEY HOME 3 **Facility Phone Number:**  
**First Name:** **Last Name:** **Title:**  
**Contact:** **Last Name:** **Title:**  
**Address:** 103 VENTURE WAY BOULDER MT 59632- **Region:** JEFFERSON  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** YOUTH **Gender** MALE  
**Facility License** 8382-009 **Expires:** 02/20/2007 **Licensing** BRIDGET PARKER

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August 29, 2007

**Parent Company:** YOUTH DYNAMICS INC **Phone:** (406) 245-3239  
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**  
**Facility Name:** RIMVIEW GROUP HOME **Facility Phone Number:** (406) 252-7707  
**First Name:** PEGGY **Last Name:** MURCH **Title:** PROGRAM DIRECTOR  
**Contact:** PEGGY **Last Name:** MURCH **Title:** PROGRAM DIRECTOR  
**Address:** 159 NORRIS COURT SOUTH BILLINGS MT 59105- **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 11-18 **Gender** MALE & FEMALE  
**Facility License** 8382-006 **Expires:** 03/31/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** YOUTH DYNAMICS INC **Phone:** (406) 245-6539  
**Director Name:** PETER DEGEL **Title:** DIRECTOR  
**Parent Address:** 2334 LEWIS AVE BILLINGS MT 53102 **800 #:**  
**Facility Name:** RIVERS EDGE **Facility Phone Number:** (406) 259-2635  
**First Name:** DAION **Last Name:** TYPANSKI **Title:** MANAGER  
**Contact:** **Last Name:** **Title:**  
**Address:** 1415 BITTERROOT DR BILLINGS MT 59105- **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 8 **Age Group:** 11 - 18 **Gender** MALE & FEMALE  
**Facility License** 008382-10 **Expires:** 02/29/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** YOUTH DYNAMICS INC **Phone:** (406) 245-3239  
**Director Name:** PETER DEGEL **Title:** EXECUTIVE DIRECTOR  
**Parent Address:** 2334 LEWIS AVENUE BILLINGS MT 59102 **800 #:**  
**Facility Name:** STAR YOUTH HOSTEL **Facility Phone Number:** (406) 259-2132  
**First Name:** MIKEL **Last Name:** WOLF **Title:** FACILITY MANAGER  
**Contact:** MIKEL **Last Name:** WOLF **Title:** FACILITY MANAGER  
**Address:** 902 NORTH 30TH STREET BILLINGS MT 59101- **Region:** YELLOWSTONE  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 11-18 **Gender** MALE & FEMALE  
**Facility License** 8382-002 **Expires:** 06/30/2008 **Licensing** LARRY SHENEMAN

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**Parent Company:** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 7616 MISSOULA MT 59807-7616 **800 #:**  
**Facility Name:** DENNIS RADTKE TREATMENT HOME **Facility Phone Number:** (406) 251-8498  
**First Name:** ADAM **Last Name:** LUNDGREN **Title:** PROGRAM DIRECTOR  
**Contact:** CRAIG **Last Name:** KRUEGER **Title:** PARENT COMPANY CONTACT  
**Address:** 3218 HELENA DRIVE MISSOULA MT 59803- **Region:** MISSOULA  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 4 **Age Group:** 12-18 **Gender** MALES  
**Facility License** 7001-008 **Expires:** 04/30/2008 **Licensing** JULIE FINK

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August 29, 2007

**Parent Company:** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 7616 MISSOULA MT 59807-7616 **800 #:**  
**Facility Name:** SUSAN TALBOT HOME FOR BOYS & GIRLS **Facility Phone Number:** (406) 251-6836  
**First Name:** SHAWN **Last Name:** GRAY **Title:** PROGRAM DIRECTOR  
**Contact:** CRAIG **Last Name:** KRUEGER **Title:** PARENT COMPANY CONTACT  
**Address:** 2105 42ND STREET MISSOULA MT 59803-1120 **Region:** MISSOULA  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 6 **Age Group:** 12-18 **Gender** MALE & FEMALE  
**Facility License** 7001-001 **Expires:** 04/30/2008 **Licensing** JULIE FINK

---

**Parent Company:** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 7616 MISSOULA MT 59807-7616 **800 #:**  
**Facility Name:** SUSAN TALBOT HOME FOR GIRLS **Facility Phone Number:** (406) 543-8597  
**First Name:** SHAWN **Last Name:** GRAY **Title:** PROGRAM DIRECTOR  
**Contact:** CRAIG **Last Name:** KRUEGER **Title:** PARENT COMPANY CONTACT  
**Address:** 815 TOWER STREET MISSOULA MT 59804-1933 **Region:** MISSOULA  
**Facility Type:** THERAPEUTIC YOUTH GROUP HOME **Code:** TYGH  
**Number of** 4 **Age Group:** 12-18 **Gender** FEMALE  
**Facility License** 7001-002 **Expires:** 04/30/2008 **Licensing** JULIE FINK

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